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SIMPLE LESSONS ON THE PHYSICAL CARE OF THE BABY

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SIMPLE LESSONS ON THE PHYSICAL CARE OF THE BABY

LESSON I

SMALL BOOKS FOR MOTHERS

HOLT: Care and Feeding of Children.

KERLEY: What Every Young Mother Should Know.

HORSPOOL: Mothercraft for School Girls.
TRUBY-KING: Feeding and Care of the Baby.
TWEDDELL: How to Take Care of the Baby.

Pamphlet: Infant Care. (Published by U. S. Department of Labor,

Children's Bureau.)

I. THE NURSERY

- Never move into a house or apartment with a young baby until the rooms have been cleaned, repainted or repapered. (Danger of tuberculosis.)
- 2. Give the best room or the best corner to the baby.
- 3. Exposure: South or southeast. Windows on both sides if possible.
- 4. Windows: No heavy draperies. Curtains simple and of wash materials. Lower half of window may have a curtain supported by the casing, not the sash, so that the air is strained before entering the room.

Light and dark shades if possible.

Outside window protections or boards which can be slipped into place. Windows screened in summer.

- Floors which can be wiped with a damp cloth; hard wood or painted. No rugs, unless small washable ones are used.
- 6. Woodwork: Simple, easily cleaned.
- Walls: Painted, or covered with dull Sanitas, or freshly papered. Avoid bright reflections.
- 8. Heating: Usually one must utilize whatever form is present. Never use gas or kerosene stoves, except in emergencies. Open wood fire is good as a means of ventilation, but cannot be depended upon for heat. If used it must be completely screened.
- 9. Ventilation: The open window is easier to use than a window board, and gives a good current of air. Protect-the crib by a screen or hang a blanket over the side of the crib, if the draft is directly over the baby. Air must be fresh and in motion.
- 10. Temperature of the nursery: Day, 65°; night, 55°, for a young baby. When the baby is over two and one-half months old, during the winter the temperature should be 60° during the day, and at night the heat should be turned off and windows opened. In our climate this is possible, but the baby must be clothed with care. (See Night Clothing.)

II. Cleaning the nursery: The baby should be in another room at this time. Have the windows opened wide, and the floors, woodwork and furniture wiped off with a damp cloth. Allow the room to dry thoroughly before bringing the baby back.

II. FURNITURE

- Provision must be made so that from the first the baby sleeps alone. One
 can use a bassinet or a square laundry basket or an improvised bed box.
 The usual sized crib may be used from the first, with the head and one side
 protected with cotton padding.
- 2. Something in which clothing for the child may be kept. This may be:
 - a. A chiffonier or any clean chest of drawers.
 - Combination dressing table with drawers and shelves for the entire equipment of child. (See Illustration.)
 - c. Three compartments of an ordinary sectional bookcase. This has an advantage in that the clothing may be neatly arranged in piles, and one can see the articles at a glance.
- 3. Something to hold the articles for the bath. This may be:
 - a. A wooden box divided into compartments with a hinged top.
 - b. A wall cupboard with a door, which hangs near the bathtub.
 - c. One section of the sectional bookcase. Choose the one which will be at the proper level when the mother is handling the baby.
 - d. The compartment drawer in the combination dressing table.
- 4. Chair: Low and without arms. Height for the mother so that both her feet rest firmly on the floor.
- 5. Something in which to bathe the baby. This may be:
 - a. The ordinary bathtub. To be filled full of water so that there is no strain on the mother's back. This is to be chosen when the mother is confident that she can support the child on her one hand in the tub. This may be used as soon as the umbilical cord is off and the child can have a tub bath.
 - b. Or an oval tin dishpan, or usual sized foot tub.
 - c. Rubber tubs are expensive, and must be kept in excellent condition, and require that water be carried to and from them.

When placed in the large bathtub, they are distinctly less useful than the large tub would be. Rubber tubs with square corners which can be hung over the large tub, and the basins mentioned above are useful when the supply of warm water is limited.

- Bed, single, for the adult who is caring for the baby. This may be placed in an adjoining room. Never more than one adult should sleep in the same room with the baby.
- 7. Wall thermometer: This should hang at the level of the baby in the crib.
- Covered pail for the diapers: This should be kept in bathroom or an adjoining room.

Additional Furniture which is Useful

 An arm chair of the proper height, to be used by the mother when nursing the baby.

- 10. A sanitary hamper, or one with a washable lining, for soiled clothing. To be kept outside nursery.
- Scales: The platform scales with a rectagonal metal box are better than scoop or basket scales.
- 12. Screen: If used, it should be a washable one, or a wooden frame upon which may be strung washable muslin curtains. The screen is not necessary if one has protected two sides of the crib.

Furniture to be Avoided

- 1. The usual baby basket with lace and ruffles.
- 2. The much befrilled bassinet to catch the dust.
- 3. Wickerwork in the nursery.
- 4. Any unnecessary furniture or articles.

Arrangement of Furniture in the Room

- Place the bassinet, basket or crib near the window so that the child does not
 face the light. Avoid a corner away from window. Place the adult bed
 so that no air will blow over adult to the child.
- 2. Plan the nursery with comfort and efficiency in mind. Place articles of furniture which are to be used at about the same time near together. Keep everything pertaining to the bath near where the bath is given. Keep only clean dry clothing in the nursery.

III. CLOTHING FOR THE LITTLE BABY

(Have one article of each kind to show the mothers)

Work out the costs of materials for the place in which the demonstration is given.

Teach the mothers that care in the use of the clothing, the sewing of tapes so that no pins are used with woolen garments, and the proper methods of washing and drying clothing make for economy.

Emphasize the importance, even in summer, of one garment which contains some wool. Caution against the use of an entire outfit made of canton flannel. Use a baby in the demonstration if possible. If not, dress a doll.

Bands: One yard of soft flannel is torn into strips five to six inches wide.
 These make the round bands which should go once and a half times around the abdomen. Vanta knitted round bands with tapes may be used instead.

These round bands are usually replaced by knitted bands with shoulderstraps when the umbilical cord is off. Sometimes they are used until the fifth week.

Bands with shoulder-straps should be the second size, medium weight, and of silk or cotton and wool. Three bands are required. Sew a tape on the little tab through which the pin for the diaper may be slipped.

Bands with a V-neck in the back and shoulder tapes may be used. They do not slip from the shoulders.

 Shirts: Three, long sleeve, high neck, second size, medium weight, and of silk and wool or cotton and wool.

- 3. Diapers: Five dozen are required. Less, if one can replenish frequently.

 Three dozen, 18 by 36 inches. Two dozen, 22 by 44 inches.
 - Use cotton birdseye, not linen. The Arnold squares or cheese cloth squares may be used inside the diaper. Or pieces of old soft linen may be used inside the diaper for the first month. In making the diapers, allow four inches for shrinking.
- 4. Skirts: Three skirts of the Gertrude pattern are needed. For winter use a soft material such as Viyella flannel. Close at the shoulder with buttons or tapes. Make twenty or twenty-two inches long.
- 5. Slips: Ten simple slips of nainsook or other fine material are needed. They should be twenty or twenty-two inches long. When made of the kimona pattern with draw tapes at neck and sleeves, they will lie flat when ironed.
- 6. Patterns: Simple patterns for Gertrude skirt and slip may be obtained from the Good Housekeeping Magasine. When they are made as short as directed the shoulders should be made of good width and a fold placed by hand over the shoulder. This makes them fit the tiny baby and yet they can easily be accommodated to the growing child.
- 7. Short clothes from the beginning: This is a great saving of time and expense. There is no disadvantage to the baby, as the usual long clothes are bunched over the feet so that the child as he kicks cannot pull on the shoulders. The baby is usually wrapped in a soft shawl.
- 8. Clothing open all the way down the back: For the baby in hospitals and day nurseries, the slip and Gertrude skirt open all the way down the back have been found useful. They are closed to the waist by tapes. The clothing is slipped from directly under the baby in whatever position he is lying. They are said to stay clean and dry longer.
- 9. Stockings: For use when the feet are cold or when the baby is out of doors in the winter. Soft cashmere stockings are the best, but are expensive and do not last very long. A loop of tape may be sewed at the knee through which the pin of the diaper may be slipped. Knitted bootees to the knee with the curve for the knee are good. Avoid the short bootees. They either do not stay on or are tied too tightly around the ankle.
- 10. Nightgowns are not required until the child is five or six months old. Before this, if the flannel skirt and slip are clean and dry, they are kept on at night. Avoid the nightgown with the drawstring at the feet. This is apt to restrict motion.
- II. Sleeping bags: When made as a square bag of woolen cloth with a hood attached, they are useful in cold weather. As the child grows older, the bag is more useful if made with sleeves and closed mittens, with a wide, flaring base, and the back longer and turned over the front and tied or buttoned. Fiala sleeping suits, a knitted garment with hood attached and closed mittens and stockings, are good as outdoor garments, or for sleeping at night in cold weather.
- 12. Winter clothing: When outdoors the child will require long drawers of cotton and wool, or woolen knitted leggings, with a sweater and cap and mittens. Or the sleeping bag mentioned above may be used.

The point is to dress the child so that he requires very little covering over the body. In this way he will be able to move hands and feet and is not uncovered if he kicks at night. He should never be pinned down or kept in one position.

13. Summer clothing: In hot weather keep very little clothing on the baby. One garment, band with shoulder straps, or shirt, should be kept on. A diaper and slip will complete the necessary summer clothing.

Use the baby as a guide. He should be of good color, with hands and feet warm, the skin smooth, and with no signs of a heat rash.

IV. EQUIPMENT FOR CRIB

- I. Mattress, preferably of hair. A folded blanket may be used instead.
- 2. Rubber sheeting to cover mattress. Two pieces to alternate will last longer.
- 3. Sheets, cambric or muslin, large enough to cover mattress well.
- 4. One dozen quilted pads, bassinet size, even if to be used in the crib.

If a bassinet is used, soft shawls are used to cover the baby. Bassinet blankets are too heavy. Do not use cotton blankets.

For the crib, regular crib blankets may be used, or an ordinary large blanket, freshly washed, may be cut into four or two pieces to serve as crib size.

V. SPECIAL POINTS ABOUT THE TINY BABY

- 1. Protect the eyes from bright light for the first week.
- 2. Avoid any staring at sun, sky or bright reflection.
- 3. Do not subject the baby to sudden changes of temperature.
- Turn the child from side to side, so that he does not sleep always on the same side or flat upon the back.
- Take special care to avoid exposure to germs of all kinds—such as contact
 with any one with an acute cold, tonsilitis, bronchitis, discharging abscess
 or abnormal skin condition.

VI. AIRING THE BABY

- In summer, the little baby is usually given an indoor airing until four to six weeks old. The windows are opened wide, and the baby is protected from cross drafts.
- In winter, this is usually continued until the baby is two or three months old. During wet, or very damp days, this indoor airing should always be given. Dress the child as if for outdoors, and open all windows in the nursery.
- For outdoor airing, have the baby carriage high, wide, easily cleaned, with strong springs, but with very little constant motion. Choose a dark lining for the hood. Also a wind shield.
- 4. Keep the baby where the dust from the street will not blow directly in his face. In winter, have the carriage in the sun, but in such a way that the sunlight will not shine directly into the face. Do not hang objects from the top of the hood to dangle in front of the baby's eyes. Avoid face veils. Use mosquito netting over the hood of the carriage only when absolutely necessary.

VII. SLEEP

- Allow the little baby to sleep as much as he will. Turn gently from side to side. No pillow is necessary.
- 2. In winter, keep the windows open and the heat turned off. Dress the child for the night almost as though he were going outdoors, with cap, sweater, leggings, mittens, and depend very little upon the outer coverings. Do not dress the child so warmly that he perspires. Allow perfect freedom of motion, in turning, etc.
- 3. If a child is dressed in this way, there is no danger from a good current of air in the room; he sleeps better, is less apt to take cold, and has a good appetite. The little baby should be taken to a warmer room to be changed or to have a feeding.
- 4. Waken a child for feedings during the day, but allow him to sleep undisturbed at night. Never rouse just to change a wet diaper, unless he is restless or has red buttocks.
- 5. Plan the times for the naps as the child grows older. Twice a day, 10 to 12 noon, and 2 to 3 p.m. Avoid the late afternoon nap. When the child sleeps but once a day, the better time is just after the noon meal, not in the morning. Waken the older child at a regular time each day, instead of allowing him to sleep the entire afternoon. A regular nap of one and one-half hours, terminated in time to allow of a good afternoon's airing, will mean much better sleeping at night.

Usual Causes of Disturbed Sleep

- Digestive tract: Hunger, indigestion, air in stomach, constipation. Not having a bowel movement at the regular time.
- A hot, close, badly ventilated room; or the child too warmly clothed or cold from too little covering.
- Difficulty in breathing from adenoids or an acute cold. At times, a drying of the secretion in the nostrils, which is relieved by the use of liquid albolene or vaselin.
- 4. Irritation of the skin from chafing, sore buttocks, prickly heat, etc.
- 5. The onset of an acute illness.

VIII. CRYING

A healthy baby should cry vigorously every day. Long-continued crying means an abnormal condition; look the baby over carefully, consider weight, food, clothing, etc.

Causes of Crying in a Little Baby

- 1. Hunger.
- 2. Pain; this may or may not be accompanied by gas formation or abnormal stools.
- Air in the stomach which may have been swallowed while taking food or while crying.
- 4. Skin conditions, as heat rash, chafing, sore buttocks, etc.
- 5. Unusual causes, such as tight bands, pins, etc.
- 6. Onset of an acute illness; or a chronic illness.
- 7. A spoiled baby, crying to be held or carried.
- 8. Any cause listed under Disturbed Sleep may, of course, cause crying.

IX. EXERCISES FOR THE SMALL BABY

- 1. The normal baby does not require special exercises for his development. But it is very important that the mother in no way limit his ability to exercise. Avoid restricting voluntary motions by holding the hands down to the sides, or rolling in a blanket in a baby carriage, or keeping too long in any one position.
- Let the child roll, kick, toss his arms, and make all possible kinds of voluntary movements. For this a pen with sides and elevated one and a half feet from the floor is excellent.
- 3. The floor of the pen may be covered with a clean pad, thus avoiding all the germs and dirt that would be on the ordinary floor, and which the child gets into his mouth when allowed to roll on the unprotected floor. The pen is much better than the yielding bed.

X. ROUTINE DAY FOR MOTHER AND BABY

[Work this out with paper and pencil for an individual mother and child or children. Plot her day from the time she wakens in the morning until the baby is asleep at night. Allow the rest periods for mother or nurse. Often it is of benefit to have the members of the class bring in their daily routine, and to criticize it constructively for the benefit of the others.]

XI. DEVELOPMENT OF BABY ALONG FOLLOWING LINES

- Train for the long sleep at night. This will be possible only when enough nourishment is being given during the waking hours.
- Train for the daily bowel movement. And as the child grows older, six or eight months, train for the urination.

For the daily stool, begin when several weeks old. As this is so important and so often neglected, it might be useful actually to demonstrate it. There is necessary a small enamel chamber or bowl. Make a round cotton ring pad, wound with a strip of cloth or bandage. Sew a three-inch strip of cloth to this and hang it over the chamber so that the ring rests on top and the cloth hangs over the side. Tie the cloth in place and so hold the ring in position. Try the child just before the bath time. The chamber is held in the lap, and the child supported over it, so that the back rests on the adult hand, and there is no curving or strain of the back muscles. At first, one may have to use the tip of a rubber ear syringe moistened with vaselin, or a soap stick in the rectum, to start the movement. Try at the same time each day.

This is one of the most important habits which can be formed and tends to prevent constipation as the child grows older.

 Teach the baby, if breast fed, to take boiled water from a bottle and nipple and from a spoon. Later from a cup. This will be found most helpful when the baby is weaned.

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XII. EQUIPMENT FOR THE BATH

- I. Wash cloths: Two different materials used. One set to be of surgeons' lint, eight inches square. The other to be of two thicknesses of fine bleached cheesecloth, the same size. One kind is always to be used for the face, the other for the body or buttocks.
- 2. Bath thermometer.
- 3. Soft linen towels for face and body.
- 4. Soft bath towels.
- A bath blanket one and one-half yards square. Viyella flannel is a good material to use, especially when made of two thicknesses.
- Absorbent cotton: May keep in a clean container with a round hole in the top.
- 7. Tooth picks: Keep covered. A small jar with a cover is good.
- 8. Castile soap or a good white soap. A soap dish.
- 9. Safety pins, of different sizes.
- 10. Talcum powder, unscented.
- 11. A flexible tube of yellow vaselin. Also cold cream, if desired.
- 12. Soft baby brush and a fine comb.
- 13. Tub.
- 14. Small basin or bowl to hold the water for the 'cold splash.'
- 15. Small paper bag for the waste cotton and toothpicks. The top of the bag is folded in so that it will remain open.
- 16. Covered pail, near, to receive the soiled clothing,
- 17. Special covered diaper pail near.



DESCRIPTION OF DRESSING TABLE

This may be improvised from any kitchen table or chest af drawers

The one above was made as follows:

The top of the table is thirty inches from the floor. Around the top there is placed a six-inch board which forms a rim, and will protect the child from falling. Two towel racks are screwed in this rim, opening toward the front. There is a slip-in board which pulls out on each side and can take the place of adjoining tables.

The wire rack is arranged to hold a basin of water if giving a sponge bath, or to hold a basin for a soiled diaper while changing the baby. The drawers are divided into compartments and hold

the entire equipment for the bath. The two doors below open and enclose shelves, which are large enough to hold the entire clothing equipment.

Everything which is done to the baby—changing, undressing, dressing, etc.—is done while the baby is on a soft blanket or pad on the table. All that is necessary is to lift him from table into the tub and back. It is much easier and less tiring than when the mother holds the child upon her lan, and she has the free use of her hands. The baby rolls and kicks as he likes.

XIII. DEMONSTRATION OF THE BATH

- I. Impress upon the mother the necessity of wearing a wash dress or apron, and washing her hands before beginning the bath. Have everything which will be needed at hand. Temperature of room, 70°. Fill the tub with water at 100°. Have enough water to cover the child well. Use the dressing table if possible and avoid handling the baby upon your lap. Pad the top of the table.
- Go over carefully with the class the purposes of the articles to be used and their proper position—the ones to be used first on top, etc.
- Undress the baby, slipping the hand under the back or rolling from side to side, and slipping the clothing off over the feet.
- 4. Keep a dry diaper under the baby and cover loosely with bath blanket.
- 5. Weigh at this time and record the weight.
- 6. Look the child over carefully for: Redness of skin in the folds, heat rash, sore buttocks, etc. Examine the condition of fingers and toes and nails. If the child wears shoes, look for signs of rubbing or pressure. Watch for any abnormal condition, such as umbilical hernia.
- 7. While the child is on the table, wash eyes, face, external ears and back of ears, and dry. With another wash cloth or soft balls of cotton, which can be thrown away, wash genitals and buttocks.
- 8. If a girl, the labia should be separated and washed gently with cotton balls and tepid water, using a downward motion. Never rub. If there is any tendency toward redness, use a small quantity of vaselin between the labia. Avoid any powder here.
- 9. If a boy, gently push the prepuce or foreskin back and remove any deposit of white material which might become irritating. Apply a little vaselin and bring prepuce back into position. Never use force. If it seems too tight, notify a physician.
- 10. Then slip your left arm and hand under child's back, supporting the head and back, and with your right hand hold the feet. Lower into the water. Lay emphasis upon this holding position. If with the first and second fingers of your left hand you grasp the child's left arm, he cannot slip.
- 11. The body may be soaped before lowering into the water or washed gently with a wash cloth and soap after he is in the water. When the child is old enough to enjoy it, turn him over on your right hand and support his chest, so that he can make the swimming dog-paddle motion. After the cleansing bath, wring the wash cloth and give the child a cold splash from the cold water in the little basin, getting the reaction over his chest, front and back, and under arms.

As he grows older, teach him to take his own cold splash.

- 12. Lift child from tub and place on bath towel on table. Pat dry, using the soft linen towel under the bath towel. When dry, use a very little powder and rub in with your fingers, especially where the skin surfaces are in contact. But for redness of the skin, vaselin is better than powder. Rolls of powder irritate the skin. Zinc Stearate powder is often used by rubbing a small amount into the skin where it is apt to become moist-buttocks, under
- 13. Dress the baby, slipping the band with shoulder straps over the feet. Then put on diaper, then shirt. In putting on the shirt sleeve, slip your thumb and first two fingers entirely though the sleeve from the wrist and grasp the baby's fingers. Pull the arm gently through. If stockings are needed, put them on next. Slip your two thumbs down to the toe of the stocking and turn outward so that you can see the toes touch the inside tip of stocking.

The Gertrude skirt has been placed inside the slip and both are put on at once. Slip your right arm and hand through both from hem to neck band. Grasp the feet with this hand and lift the baby up. Your left hand pulls both garments up into position. Put sleeves on in the same way as the shirt.

14. Cleansing of nostrils, ears and mouth:

Nostrils: Prepare small cotton swabs on toothpicks, making them with great care, so that the blunt end is well protected. Two are usually required for each nostril. Moisten with vaselin or liquid albolene-not water or boric acid solution. Turn each one gently and remove secretion from the nostril. Use separate swabs for each nostril. The child usually sleeps more comfortably at night if this is repeated before putting him

Ears: Care of the ear includes the removal of small particles of wax which can be seen just inside the ear canal. If neglected this excess wax is apt to cause irritation. Cotton swabs made in the same way are used, moistened with water. Turn them gently in the outer part of the canal. Never push into the ear canal. Never pull upon the external ear while

cleansing the canal.

Mouth: Very little mechanical washing of the mouth is necessary, unless there is an abnormal condition, such as thrush. The baby is given a teaspoonful of boiled water after each feeding. After the bath each day, a large swab should be made and with boiled water the space between the gums and cheek washed. Look carefully while doing this for abnormal conditions.

When teeth are present, these should be cleansed twice a day with a soft brush or cotton swabs, and a solution of bicarbonate of soda, onehalf teaspoonful to a half glass of water. Older children can use the dry powder of bicarbonate of soda, or may use milk of magnesia.

XIV. ABNORMAL CONDITIONS

Abnormal conditions to be looked for while bathing children:

1. Redness of skin anywhere.

2. Sore buttocks: look for the cause, as (1) too concentrated urine, and baby left in wet diaper too long; (2) irritating stool; (3) too rough diaper cloth, or diapers washed with too strong a soap and not carefully rinsed; (4) general condition causing redness of skin elsewhere also.

- Treatment: Wash gently with an oil, instead of water. Place old soft linen pieces between diaper and skin, and upon this apply cold cream or vaselin, or a bland ointment. Change as soon as diaper is wet. Give boiled water to drink between feedings. If the cause lies in the food, consult a physician.
- 3. Heat rash: Cover the skin with a soft linen slip between it and the shirt. Bathe with a solution of bicarbonate of soda (one teaspoonful to eight ounces) or pat the skin with a paste of this. Dress lightly. Give plenty of boiled water to drink.
- 4. Vaginal discharge: Any discharge from the vagina is a condition which should be reported at once to a physician. Protect other children by isolating the child at once. Wear rubber gloves while changing the baby, if possible. If not, wash hands carefully after handling. Use some material for the diapers which can be burned. Boil sheets, pads, etc., as soon as removed. Be careful not to touch your own eyes or the baby's unless with very clean hands.
- 5. Discharge from nose: A dark brown or bloody discharge from only one nostril should be reported to a physician at once. It may be a mild form of diphtheria. Isolate the child until the report from a nose culture decides the question.
- 6. Discharge from eyes: A profuse discharge from eyes should also be reported at once. Use the same precautions as described under vaginal discharge. There are many forms of eye infections, but it is better not to attempt home remedies for any.
- 7. Mouth: A condition often found is Thrush. Small white spots are found in the mouth, on sides of cheeks, possibly on tongue. These are not easy to remove, as would be the case if they were flecks of milk.

Treatment consists in applying to each spot with a cotton swab a strong solution of bicarbonate of soda—one teaspoonful to one-half glass of warm water. Do not use enough force to cause bleeding, yet it is not sufficient just to touch each spot. This should be applied three times a day. If the white areas persist, report to a physician.

LESSON II

A. ARTIFICIAL FEEDING

I. EQUIPMENT FOR MAKING MODIFIED MILK FEEDINGS

- Ten nursing bottles. Choose the round bottles with slightly smaller neck, but which can easily be cleaned with a bottle brush.
- Nipples: Two more than the number required for the feedings. Either the Home or the Anticolic are good. Buy without holes and make two holes near the top with a fine hot cambric needle.
- 3. Enamel cup with a hinged top in which to boil the day's supply of nipples.

 These are then left in the cup in the boiled water until required.
- 4. Solid glass rod, size of a small lead pencil and just long enough to fit in the enamel cup when the cover is down. It is boiled with the nipples and serves to lift them out without touching the supply with the finger.
- Cup or glass to hold the used nipples. Have it different so as to distinguish from cup holding the clean ones.
- 6. Two bottle brushes: Boil frequently and stand in the sun.
- 7. Bottle rack which will hold the day's supply of bottles.
- 8. Cotton to use as stoppers for the bottles.
- Two glass graduates, each holding twenty ounces and graduated in one-half ounces.
- 10. Wide-mouthed pitcher may be necessary if a formula of more than twenty ounces is to be made at a feeding.
- II. Glass funnel which does not make a tight fit with the neck of the bottle will be necessary if the pitcher is to be used.
- 12. Tablespoon, coffee spoon, and knife.
- 13. Modified Chapin dipper, if any milk other than whole milk is to be used in the formula.
- 14. Large bottle to hold a supply of boiled water: This may be filled at any time, cooled and ready.
- 15. Double boiler, one quart capacity, to be used for nothing else but preparation of the food for the baby.

Keep everything which is to be used on a separate tray or table. Directions as to the actual formula should be obtained from the physician, or if that is not possible, from the guide books mentioned as references. The actual formula depends upon the baby: weight, age, digestive capacity, etc.

II. BOTTLES

When the bottles are new they should be washed with soap and water, placed in cold water, and the water brought to the boiling point. After ordinary use, they should be immediately washed in cold running water, cleansed with soap and a bottle brush and hot water, then filled with cold

water. At the end of the day the entire supply of used bottles should be rinsed, put on to boil, and boiled for three minutes; then drained, cooled and corked with cotton. The next morning they will be sterile and ready for use. Keep enough extra bottles so that this can be done.

III FORMITAS

It is suggested that at least one simple whole milk formula be made up at the demonstration, also that barley water be made and strained. Show the different kinds of sugars. Speak definitely about the milk supply: raw or pasteurized.

Emphasize the cleanliness of the raw materials, of your hands while making the formula, of the bottles and utensils, and of the necessity of placing the bottles immediately in the ice box after filling.

Show how the individual bottle is shaken, warmed, nipple attached, and given to the baby.

B. Unusual Conditions

When a baby is in good condition:

He is happy and contented

He sleeps well

He does not cry after feedings nor vomit

He has stools once or twice a day and of normal consistency

He is steadily gaining in weight.

- 1. The crying, fretful baby: Some of the usual causes are: (1) food—hunger, indigestion, irregularity in time for the bowel movement, constipation, thirst; (2) skin—too warmly clothed, heat rash, not enough clothing, chafing of skin in neck, back of ears, groins, buttocks; (3) illness—beginning of an acute illness; (4) various unusual reflex irritations. All of these causes may be intensified during the hot weather. There is always something the matter when a baby cries for long periods of time and is peevish and fretful.
- Vomiting: Consider as a symptom. Any baby who vomits should be under the care of a physician.

Treatment: Give the next feeding of boiled water or barley water. If the child looks ill, give a cathartic, take the temperature and save the stools for the physician to see.

When a child regurgitates, the cause may be mechanical, as too large an opening in the nipple, food taken too fast, a quick change of position, head too low, too much food at a time, too frequent intervals of feeding, etc. Or the cause may be in the character of the food given the baby. Recognize it as abnormal, and do not allow the condition to continue untreated.

3.' Diarrhœa: Give a short talk to the mothers about the usual 'summer diarrhœa.' Emphasize the importance of clean milk, and the careful preparation of the formula; the protection of the baby from flies; that protection of the child from dirt and germs means scrupulous cleanliness about the baby, its surroundings and food.

Consider the first thin stool as abnormal. Look into the diet and see if it tends to be laxative. If so, discontinue the special foods apt to be laxative. Help nature get rid of the irritation. Give a cathartic, plenty of boiled water but no food by mouth the first day; save the stools for the doctor. Use old soft cloths inside the diaper and burn them. Boil the diapers before using again. Protect the buttocks by using vaselin from the onset of a diarrhoea. Wash your own hands after handling the baby.

Care of the child during the hot summer months involves:

- a. Special care about the proper clothing, having just enough to insure warmth, without perspiration.
- b. Plenty of fresh air, avoiding crowds, or indoor rooms, when the temperature is cooler outside.
- c. Two baths a day of tepid water, patting the skin dry.
- d. Food: a little less strong than could be taken during the winter. This means a weaker formula on very hot days, or each bottle diluted. More boiled water to drink. Have special times for the water to be given and keep account of the amount taken.
- e. Be sure that the child has a daily bowel movement.
- f. Hold the baby as little as possible. Let him lie quietly in a comfortable position, and have freedom to move as he likes.
- 4. Colic: This means an indigestion accompanied by the formation of gas, or the distension of the stomach from the mechanical swallowing of air while nursing or taking the bottle.

Routine: Pick the baby up after each feeding, hold him over the shoulder and pat his back. The air can come up in this position. This may have to be repeated within a few minutes.

Treatment: Look for the cause and attempt to remove it, whether it be due to the food itself, or to some error in the way in which the food is given to the baby.

Temporary relief may be given, remembering that the colic is just a symptom and not the disease itself.

- a. Try change in position.
- b. External heat, warm water bags, warm dry flannel cloths over abdomen, warm foot bath. A warm bath (temperature of water 100°) is often most beneficial.
- c. Alkaline solution by mouth. Warm bicarbonate of soda solution (one-half teaspoonful to one-half glass of water). Give in small amounts and lift baby over shoulder after giving it.
- d. Pass a rectal tube or give a low enema.

After the baby is more comfortable, give instead of the regular feeding, warm boiled water and let the child sleep quietly if he will. Often the baby will not take the water, but will take a very weak dilution of his regular food. Do not give the regular feeding after such an attack, unless diluted to one-half the strength.

Constipation: This may mean that the habit of regularity has not been firmly established. It should be started at once. The position of the child while defecating should be examined. The feet should be firmly placed upon the floor or a support, and the thighs brought a little toward the abdomen. Time should be soon after the early morning meal. Often it is advantageous to give the orange juice one-half hour before the bowel movement is expected. Give boiled water early in the morning and between the feedings. Gentle massage of abdomen and exercise of the abdominal muscles is suggested, but the dietetic oversight of the diet and the laxative foods selected, as well as the ordinary outdoor exercise, are the best methods to use in overcoming constipation. Suppositories and enemata are of use in emergencies and when the bowels have not moved in over twenty-four hours, but the habit of using such means constantly is to be deplored. If a laxative must be used, milk of magnesia is the safest to use for a little baby. Start with ten drops. This may be given in the last feeding of the day. For the treatment of the emergencies other than those to be mentioned here, the student is referred to the books mentioned at the beginning of Lesson I.

6. Swallowing of foreign bodies: This usually results from the carelessness of some adult in leaving the objects near the child, in giving toys with detachable bells, etc. Caution the nurse-maid against the habit of leaving open safety pins near the child. Teach the child that nothing but food, and that only at the table, is to be put into the mouth. It is hard to act quietly when the child is choking and blue.

Treatment: Hold face downward and slap the back. Help the efforts of the child to dislodge the foreign body. While the child is in this position insert your index finger of the right hand along the inside of the child's right cheek. Continue back until you touch the tonsil, arch back of it and make a sweeping motion outward with the finger. Repeat this entire motion each time. The endeavor is not to push blindly down the throat but to dislodge the object, and with the head down, helped by gravity, to bring it out. If pushed, it may go into the œsophagus or trachea. If swallowed, follow immediately by soft, mushy foods. Give no cathartic, and no water for one hour. Have the stools for the next five days passed into two thicknesses of gauze. Tie the edges of the gauze. Hold under running water until the soluble portions of the stools have been separated. In this way, the foreign body will not be lost. If the foreign body has passed into the trachea, the immediate symptoms may pass away. Within a few weeks the child may have a paroxysmal cough suggesting whooping cough. This combination of symptoms should be at once reported to the physician,

Every family should have an instrument resembling the surgeon's forceps. These meet at the point and can be used to remove any foreign body from the throat—fish-bone, etc., which can be seen. The ordinary tweezer is too small for this and can be used only to remove splinters, etc.

7. Foreign bodies in the ear: Usual objects are wax (abnormal amount acts as a foreign body), hard unyielding objects, dried peas or beans, insects. Illustrate the removal. The small books go into this carefully. Emphasize how little one can do, as no home instrument can go around the foreign body and usually pushes it further in.

8. Symptoms of middle ear disease: It is important to know that the little baby cannot localize pain well, and therefore does not refer the pain to the ear. He is restless, waking up at night with sharp cries, assuming awkward positions, and is found to have a high fever.

Every child with an elevation of temperature which is unexplained should be taken to a physician for an examination of the ear drum. (The mother should try to obtain a specimen of urine to take also.)

As the child grows older, the hand will be held to the ear. The treatment of an otitis media rests with a physician.

9. Foreign body in the eye: On windy days, when the baby comes in, watch the condition of the eyes. If one eye winks, has a secretion of tears, and the child does not try to open the eye widely, there is usually an irritation from dust. With a saturated solution of boric acid at body temperature, flush out the eye, being very careful not to rub. The flow of water should be toward the inner canthus.

An older child having a large foreign body in his eye is to be treated as an adult. Using the lower lashes to sweep the under surface of the upper lid, flushing the eye, and, if necessary, turning the lid.

- 10. Foreign body in the nose: There may be a profuse discharge from the nostril in which the foreign body is lodged. If the child can be taken to a physician, by all means do so. Aside from the efforts of the child to dislodge it, by blowing or sneezing, there is very little that can be done with safety in the home.
- 11. Croup: This is a spasm of the muscles around the larynx, excited usually by a cold or subacute infection. Comes on more easily if the child is overtired or has an acute attack of indigestion. It must not be confused with laryngeal diphtheria, in which there is an actual growth of the membrane in the larynx. Any attack of croup which is not easily relieved by the following procedure, should suggest the taking of a throat culture to rule out diphtheria.

With croup the child may have a cold and a hoarse cough before going to bed. If at this stage the mother will give him one teaspoonful of melted vaselin, the attack will often be averted.

Treatment: Do not become excited. Reassure the child. As the attack is often without warning, the mother will be unprepared. She finds the child awake, frightened, having difficulty in taking a breath, and with a hoarse, barking cough. At once she takes the child in her arms and reassures him. She takes him into a warm room and places warm flannel cloths over the larynx, holding them in place by a strip of cloth tied over the head. Flaxseed poultices are good, but require a longer time to prepare. She then melts one teaspoonful of yellow vaselin and gives it to the child to swallow. If he is struggling for breath and cannot swallow, she may run her finger down his throat and cause vomiting, but this is often unnecessary. Follow this with the vaselin. Then she carries the child with her and goes into a room where water can be boiled in a teakettle. She makes a newspaper funnel and ties it to the nozzle of the teakettle. She sits in a high chair or a chair set on a box, with the child in her lap. This

brings the child's head on a level with the funnel. When the water boils, she opens an umbrella over her shoulder, hangs a blanket or sheet over this improvised tent, and remains in it with the baby until he is comfortable. The advantage of the tent so made over the crib is that the mother can know at once whether the air in the tent is fresh and whether the child is being burned by the steam.

When the spasm relaxes, he should be given a cathartic, and kept for the night in a room with even temperature, not too cold, and yet not in a close, hot, stuffy room. In the morning, a physician can be called to look the child over and find the exciting cause. Some children are especially susceptible to croup.

Making the child vomit by the use of doses of ipecac is very seldom necessary.

12. Convulsions: These may come from the direct irritation of the brain or membranes, as a meningitis, or from an indirect cause. A child with tendencies to convulsions or 'crowing attacks' should be examined carefully by a physician.

Treatment: This consists (I) in keeping the child from hurting himself, preventing a fall, or the biting of the tongue, or the hitting of any part of the body on the iron sides of the bed, etc.; (2) in finding some way to relax the spasm of the muscles.

Mothers should always be cautioned against the use of the hot bath. In the excitement it is hard to tell the exact temperature, and many babies have been severely burned, and even with fatal results.

The relaxing effect of the heat is to shorten the time of the convulsion, but rather than run the risk of a burn, it is better to undress the child and wrap warmly in warm blankets; apply cold cloths to the head. If one decides upon the warm bath, have the temperature of the water 100° and do not attempt to make it a mustard bath. (The danger with the mustard is that it may not be made into a smooth paste before placing in the water, and some particles may adhere to the skin, resulting in a burn.) Undress the child, place in the bath, keep cold cloths on the head, rub the extremities toward the trunk. After five minutes, remove, wrap in warm, dry blankets, and allow the child to relax into a sound sleep. After he rouses, give a cathartic and get the bowels to move by the use of a suppository or an enema. Give no food for several hours, then very easily digestible foods; give plenty of water to drink.

Remember that convulsions may come from widely different causes. After the immediate treatment, one must always look into the causes which led up to it and seek to avoid them in the future.

A child is apt to have a second convulsion more easily than the first, and with less exciting cause.

It is suggested that if this topic of Nursery Emergencies prove of interest to the mothers, one enlarge it to include burns, nose bleed, etc., and the initial signs of the onset of the acute diseases of childhood.

